

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1962

=62-003761

AMENDED

Registration District No.

Primary Registration District No.

1003

1399

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Barnes Hospital

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☐ No ☐c. CITY  
OR TOWN

Webster Groves

d. STREET  
ADDRESS

(If outside, give location)

516 Hollywood Place

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

GEORGE RUSSELL FREDRICK

4. DATE

Month

Day

Year

OF  
DEATH

Jan. 31, 1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-24-1901

## 9. AGE (last birthday)

60

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Banker (Ret.)

## 10b. KIND OF BUSINESS OR INDUSTRY

Banking

## 11. BIRTHPLACE (City and state or country)

St. Louis Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

George Henry Fredrick

## 13b. MOTHER'S MAIDEN NAME

Georgia O'Brien

## 14. NAME OF HUSBAND OR WIFE

Katherine G. Fredrick

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. G. R. Fredrick 516 Hollywood Pl.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/3/53 to 1/31/62 and last saw her alive on 1/31/62  
Death occurred at 9 am 1/31/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James A. Aldrich M.D.

## 22b. ADDRESS

114 North Taylor

## 22c. DATE SIGNED

2/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2-2-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Bellefontain Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Parmer-Aldrich Webster Groves Mo.

## 25. DATE RECD. BY LOCAL REG.

FEB 1 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Louis Welch

Licensed Embalmer No. 4395

P. O. Address Adelphi, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.